



# Warren Olympic Club Guest Emergency Form

Family Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## Part I – To Grant Consent

In the event that reasonable attempts to contact me have failed, I hereby grant my consent for **(1)** the authorities of the Warren Olympic Club (Warren, Ohio) to administer any kind of treatment deemed necessary by my FAMILY PHYSICIAN or DENTIST. If my Family Physician or Dentist is not available, then of another licensed physician or dentist and **(2)** the transfer of my child to my HOSPITAL PREFERENCE or any hospital that is reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

A physician should be alerted of the following facts about my child's medical history(allergies, medications, or physical impairments):

\_\_\_\_\_

## PART II – Refusal to Consent - Do not complete Part II if you have completed Part I

I **do not** give my consent for emergency treatment of my child(ren). I wish the Warren Olympic Club (Warren, Ohio) authorities to take NO ACTION or to

\_\_\_\_\_

if my child(ren) is/are injured or becomes ill.

\_\_\_\_\_  
Signature of Adult Family Member

\_\_\_\_\_  
Date